

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010750

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 2 1962

1477

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 33 yrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Leo Middle Pearl Last Ballard		4. DATE OF DEATH Month March Day 11, Year 1962	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-3-1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caterist		10b. KIND OF BUSINESS OR INDUSTRY Catering	9. AGE (last birthday) 62
11a. FATHER'S NAME George Calhoun		11. BIRTHPLACE (City and state or country) Pine Bluff, Ark.	
13a. MOTHER'S MAIDEN NAME Alice Matthews		12. CITIZEN OF WHAT COUNTRY U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		14. NAME OF HUSBAND OR WIFE Clifford Ballard	
16. SOCIAL SECURITY NO. [redacted] 33		17. INFORMANT Hugh Jones	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) possible myocardial hypertrophy with marked failure Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. DUE TO (b) DUE TO (c)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 3-11-62 3-11-62	
21. I attended the deceased from 10:45 P to 3-11-62 and last saw her him alive on 3-11-62		21. Death occurred at 10:45 P on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE [Signature]		22b. ADDRESS 2400 Cherry	
22c. DATE SIGNED 3-14-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 3-16-62		23c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	
23d. LOCATION (City, town, or county) Kansas City, Missouri		23e. DATE RECD. BY LOCAL REG. 3-14-62	
24. FUNERAL DIRECTOR Mrs. Meek's Mortuary, K. C. Mo.		25. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Willard B. Perkins

Licensed Embalmer No. 5013

P. O. Address K. C. MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.